

Commonwealth of Virginia

DEPARTMENT OF SOCIAL SERVICES

CERTIFICATE OF APPROVAL

(TYPE OF CARE)

Issued to _____

Address _____

This certificate is issued in accordance with the established standards and regulations of the Virginia Board of Social Services and with the limitations specified by the local welfare/social service agency as follows:

Maximum Adults or Children	Other Limitations

This certificate is not transferable and will be in effect from _____ through _____ unless revoked

(AGENCY)

By _____
(AGENCY REPRESENTATIVE)

Date _____
032-02-137/4

Title _____